

C-Tech Industrial Group, Inc.

2200 West Sixth Avenue • El Dorado, Kansas 670042

Application for Employment

Personal Information

This application is used for all C-Tech Industrial Group, Inc. companies. Applicants are considered for all available positions for which they are qualified without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

Please note that the construction business by nature is seasonal and not normally considered as steady employment. We cannot guarantee employment beyond the present day. Employment with any C-Tech Industrial Group company will be on an "at-will" basis, meaning employees can be terminated or released from employment at any time, with or without cause or notice. Likewise, we respect the employee's ability to leave employment at anytime, for any reason, and with or without notice.

Please complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered.

Neatly handprint your information using a black or blue pen.

Name (Last, First, MI): _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: () _____ Cell: () _____

Social Security Number: _____ - _____ - _____ Driver's License Number: _____

Have you ever been employed here before? Yes No If yes give date(s): _____

Are you currently employed? Yes No If yes may we contact your employer? Yes No

Do have any friends or relatives employed by any C-Tech company? Yes No

If yes, please provide names and relationship to you: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

(Proof of citizenship or immigration status is required upon employment.) Yes No

Are you currently on "lay off" status and subject to recall? Yes No

Are you able to work weekends and/or overtime? Yes No

Are you able to travel if job requires it? Yes No

Are you 18 years of age or older? Yes No

Are you able to perform all essential functions of the job for which you are applying? Yes No

Do you have a reliable means of transportation to and from work? Yes No

Have you in the last 7 years been convicted of "Driving Under the Influence" (DUI)? Yes No

Have you ever been convicted of a felony or a criminal offense? Yes No

On what date could you be available to start employment? Immediately Date: _____

Name (Last, First):

Application Date:

Employment Desired

Please indicate C-Tech company(ies) to whom you are applying for employment:

- | | |
|---|--|
| <input type="checkbox"/> Blackburn Construction, Inc. (BCI) | <input type="checkbox"/> Blackburn Maintenance, Inc. (BMI) |
| <input type="checkbox"/> ConFab Incorporated. (CFI) | <input type="checkbox"/> Industrial Insulation Services, Inc. (IISI) |
| <input type="checkbox"/> El Dorado Workforce, Inc. (EWI) | |

Please indicate position(s) for which you are applying:

- | | | |
|--|---|---|
| <input type="checkbox"/> Pipe Welder (Single Hand) | <input type="checkbox"/> Pipe Welder (Rig) | <input type="checkbox"/> Structural Welder |
| <input type="checkbox"/> Equipment Operator | <input type="checkbox"/> Pipefitter | <input type="checkbox"/> Structural Filler/Layout |
| <input type="checkbox"/> Millwright | <input type="checkbox"/> Painter | <input type="checkbox"/> Insulator |
| <input type="checkbox"/> Scaffold Builder | <input type="checkbox"/> Sheet Metal Worker | <input type="checkbox"/> Craft Helper |
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Other: _____ |

Skills

Please identify any special skills, certifications, licenses, training that you have that will help in the position you are applying for (i.e., craft testing certifications, operator certification/licenses, welder certifications, safety/HAZWOP training, computer skills, etc.): *Attach an additional separate sheet if necessary.*

Other than English, list any languages that you can speak, read or write that could be of benefit to the position applying for:

Speak: _____
 Read: _____
 Write: _____

Education History

Level	Name of School	City, State	Diploma/Degree	Year Graduated
High School				
GED				
Tech/Trade School				
College (Undergrad)				
College (Graduate)				

Employment History

*Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. Please **do not** complete this information with the notation "See Resume". Please note that C-Tech Industrial Group Companies reserve the right to contact all current and former employers for reference information.*

Attach additional sheets if necessary.

Employer	Telephone	Dates Employed		Describe Job Duties / Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Start	Final	
Supervisor				
Reason for Leaving				

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Reason for Leaving				

Policies and Agreements

The following are brief statements covering general C-Tech Industrial Group companies' employment policies. Upon hire, each employee will be required to review and acknowledge all company policies contained in the appropriate Personnel Policy Manual for the company to which they are hired.

Please read each statement closely and initial each acknowledging your agreement and understanding.

_____ **Safety:** All employees will wear personal protective equipment, such as, safety glasses, hardhat, and substantial work boots or shoes at all times, as well as long sleeve shirts where required, or as directed by their Supervisor. At no time, while on the job site or location, will sleeveless shirts, slippers, tennis or canvas shoes be allowed. Employees will be required to obey all company and/or client safety regulations while on company and/or client's property. All employees agree to voluntarily participate in company safety training programs and maintain safety certifications. While on the work site, hair must be confined within the outer rim of a safety hat and must not extend below the top of the shirt collar. Facial hair must comply with our client's individual policies.

_____ **Attendance:** If any employee is unable to work for a valid reason, the home office must be notified at least one hour before starting time, or the day before if possible. Anyone not showing up on time may be replaced.

_____ **Wages:** Due to contractual obligations with clients, wages for the same type of employee classification may vary from project location to project location. Employees will be advised of their classification and wage upon initial hiring. If employee is reassigned from one assignment or classification to another, he/she will be notified of any wage changes (either up or down) prior to relocation.

_____ **Pay Schedule:** All C-Tech companies pay on a weekly basis (Friday). All employees are required to sign up for automatic deposit of weekly pay to a financial institution of their choosing or enroll in Company's VISA backed pay card.

_____ **Accidents:** Any accident must be reported to employee's Supervisor immediately and an accident report completed by your Supervisor. You agree that all work related accidents will be reviewed and treated by the Company appointed physician.

_____ **Equal Employment Opportunity:** C-Tech Industrial Group Companies are committed to the principles of equal employment opportunity and are committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. We desire to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the Company.

_____ **Drug/Alcohol Testing:** If you are offered a position with the Company, you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this Company. All test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen.

_____ **Testing Authorization:** If offered a position with the Company, you agree to any legally permitted physical, psychological, skill, drug, or medicine test required by the Company as a condition of employment.

_____ **Investigation Authorization:** You authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may also include credit, driving, criminal background, references, citizenship or immigration status, and other background checks. As a condition of applying for this job, you authorize reasonable post-hire investigations into your credit, driving, immigration status, and criminal background. As a condition of employment, the Company will perform a verification of your social security number through E-Verify.

_____ **At-Will Employment:** You understand and agree that if you are employed by the Company, your position will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect your right to terminate your employment at any time, with or without cause and with or without notice. You further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's President.

_____ **Company Obligation:** You understand and agree that the Company's acceptance of this application does not mean that a position for which you are qualified is open or that the Company has agreed to hire you. You further understand that the Company is under no obligation to hire you as the result of accepting this completed application.

_____ **Complete and Accurate Information:** You hereby certify that you have not knowingly withheld any information that might adversely affect your chances for employment and that the answers given by you are true and correct to the best of your knowledge. You further certify that you have personally completed this application. You understand that any omission or misstatement of fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if you are employed, regardless of the time elapsed before discovery.

Signature: _____

Date: _____

Emergency Contact Information

Contact Name (Last, First, MI): _____ Relationship: _____

Address: _____ City: _____ State: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Health Questionnaire

*Please read all questions carefully and answer with a "Yes" or "No".
For any questions answered with "Yes", please provide details in Question 17 at end of questionnaire.*

1. Do you currently have any health problems which may affect your ability to Work? Yes No
2. At the present time are you taking any prescribed medicine (i.e., pills, tablets, injections, etc.)? Yes No
3. Have you ever been advised to have a surgical operation which has NOT been performed? Yes No
4. Have you ever had back surgery or missed work because of a back related problem? Yes No
5. Vision, hearing and sense of taste and smell can be important in protecting yourself and others against certain potential environmental hazards in the work place. As a result of injury, illness or other cause, do you have ANY LOSS or IMPAIRMENT OF:
 - 5.1. VISION in either eye that interferes with you depth perception, ability to read, see at a distance, distinguish colors, or see in dim light which is not corrected by prescription lenses? Yes No
 - 5.2. Hearing which may interfere with your ability to understand spoken words, requires you to wear a hearing aid, or requires you to avoid exposure to excessive noise including any know or previously measured hearing loss? Yes No
 - 5.3. SPEECH that interferes with your ability to communicate by means of your voice? Yes No
 - 5.4. Your sense of TASTE or SMELL? Yes No
6. Some work assignments require the ability to maintain a firm grip to lift and carry bulky or heavy objects and to stand, walk, and climb on irregular work surfaces, ladders, and/or scaffolding. Some work assignments may also require frequent and prolonged bending of the neck and back, while other work assignments may require strenuous and repetitive use of the arms and legs. As a result of injury, illness or other causes (such as arthritis), do you have ANY IMPAIRMENT including pain, numbness, or loss of sensation of:
 - 6.1. Either HAND that limits dexterity or your ability to maintain a strong grip or hold objects firmly or handle objects with your fingers? Yes No

- 6.2. Either ARM or SHOULDER which reduces strength or limits normal range of motion? Yes No
- 6.3. Either FOOT or LEG which causes reduced strength or limits normal range of motion or your ability to stand, walk, squat, kneel, climb stairs, work on ladders or scaffolding, or walk on slippery or uneven work surfaces? Yes No
- 6.4. Your NECK which interferes with bending or rotation of your neck, or interferes with your ability to hold you head in fixed positions for prolonged periods of time? Yes No
- 6.5. Your BACK which causes reduced strength or interferes with your ability to bend your back frequently, your ability to lift, carry, push or pull heavy objects or work in a stooped or squatting position? Yes No

Health Questionnaire (Continued)

7. Some work assignments (work at heights for example) could be dangerous in event of dizziness, loss of equilibrium, fainting, or sudden loss of consciousness. As a result of injury, illness or other cause, do you have ANY IMAPIRMENT which may:
- 7.1. Affect your equilibrium or ability to maintain your balance? Yes No
- 7.2. Alter you normal state of consciousness or cause you to become unconscious? Yes No
- 7.3. Make it dangerous for you to work at heights or to work around or operate moving machinery? Yes No
- 7.4. Prohibit you from driving licensed company vehicles of public roadways? Yes No
- 7.5. Prohibit you from working in remote, isolated, or confined spaces? Yes No
- 7.6. Limit you ability to perform very strenuous physical activity? Yes No
8. Unsafe work behavior can result from drug abuse, alcoholism, or mental illness. Considering this, carefully answer the following questions.
- 8.1. Do you have problems related to alcohol or drug abuse? Yes No
- 8.2. Do you have troubles due to nerves, emotional disorders, or any form of mental illness? Yes No
9. Within the past 12 months have you had any medical or surgical treatment or observation (i.e., seen a doctor) for an7y disease, injury, or disorder? Yes No
10. Within the past 36 months have you been an in-patient in a hospital or clinic for any medical or surgical treatment or observation for any disease, injury, or disorder? Yes No

11. Do you have a personal physician? (If "YES", please answer below.) Yes No

Physician Name: _____ Date Last Seen: _____

Address: _____

Reason for Visit: _____

12. Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? (IF "YES", please explain below.) Yes No

13. Have you ever made a claim for or received Worker's Compensation? Yes No

14. Past Medical History: Please give date of last Tetanus Shot _____

Disability or compensation from Armed Services or Industry _____

What is your current height (without shoes)? _____ feet, _____ inches

What is your current weight (indoor clothes, without shoes)? _____ pounds

Health Questionnaire (Continued)

15. For all questions marked "YES", please give the details in the space below:
(If more space is required, please attach additional pages.)

Question No.	Date	Kind of Illness	Medication/ Treatment	Name & Address of Doctor or Hospital/Clinic	Status of Illness

Complete and Accurate Information Affirmation:

I know if I secure my employment by means of any false statement, misrepresentations, or concealment as to my physical condition, my employment is fraudulent and I am liable to immediate dismissal. I affirm that I have carefully read the above health questionnaire, know and understand my answers made to the questions, and I declare that all of my answers are true, complete and accurate.

Applicant Signature

Date

Authorization to Obtain Medical Information:

I understand that in connection with my application (or subsequent employment) medical information and/or a physical exam may be requested.

I hereby authorize any physician, hospital, or clinic to furnish the examining physician or the Designated Company Physician information relating to my past medical care, examination, or surgical treatment.

Unless disclosure is required by law, the above information will not be relayed in any way to any individual outside the involved medical personnel (which includes contact physicians) without written consent.

The examining physician is authorized by me to furnish to the C-Tech Personnel Manager the results of his examination. Upon receipt, the C-Tech Personnel Manager will treat this information as confidential and maintain it in a manner consistent with the handling and maintenance of all other confidential information.

I know I have a right to receive a copy of this from. A photocopy of this form will be as valid as the original. This form will be valid for one year from the date shown below:

Applicant Signature

Date